

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000457

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 5 1962

a. COUNTY *Butler*

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE *Missouri* b. COUNTY *Butler*b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN *Poplar Bluff*

Length of stay in 1b

c. CITY  
OR TOWN *Fisk*Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION *Brandon Hospital*Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

*David**Lewis**Carver*4. DATE  
OF DEATH

Month

Day

Year

*Jan.**29,**1962*

5. SEX

*Male*

6. COLOR OR RACE

*White*7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

*1-23-1888*

9. AGE (last birthday)

*74*

IF UNDER 1 YEAR

*0* Months *5* Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

*Clark County, Ill.*

12. CITIZEN OF WHAT COUNTRY

*U. S. A.*

13a. FATHER'S NAME

*John Wesley Carver*

13b. MOTHER'S MAIDEN NAME

*Nancy Zuba Sellars*

14. NAME OF HUSBAND OR WIFE

*None*

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)  
*Yes U. W. 7*

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

*Mrs. Lydia Good, Truesdale, Missouri*18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Bronchial Pneumonia*INTERVAL BETWEEN  
ONSET AND DEATH  
*3 Days*Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

*Fracture right femur surgical neck  
due to fall on ice.*

DUE TO (c)

*1-18-62*PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)*Fracture right femur surgical neck from fall on ice*PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

*Fell on ice*20c. TIME OF  
INJURY

Hour

a.m.

p.m.

Month, Day, Year  
*1-18-62*20d. INJURY OCCURRED  
WHILE AT WORK ☒  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)  
*home*

20f. CITY, TOWN, OR LOCATION

*Fisk*

COUNTY

*Butler*

STATE

*Mo.*21. I attended the deceased from *Jan. 19, 1962* to *1-28-62* and last saw him alive on *1-28--62*Death occurred at *1:50 P. M.* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

*W. L. Brandon, M.D.*

22b. ADDRESS

*1124 No. Main, Poplar Bluff*

22c. DATE SIGNED

*1-29-62*23a. BURIAL, CREMATION,  
REMOVAL (Specify)*Removal*

23b. DATE

*1-30-62*

23c. NAME OF CEMETERY OR CREMATORY

*Warrenton City Cemetery*

23d. LOCATION (City, town, or county)

*Warrenton, Missouri*

(State)

24. FUNERAL DIRECTOR

ADDRESS

*Rainey Funeral Home, Dexter, Mo.*

25. DATE RECD. BY LOCAL REG.

*2/2/1962*

26. REGISTRAR'S SIGNATURE

*Thelma Graham*

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1962

FEB 7 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lucille Rainey

Licensed Embalmer No. 4983

P. O. Address Dexter, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.